

## **Health Advisory: Disseminated Gonorrhea in King County, June 22, 2006**

Since March of 2006, clinicians in King County have reported five cases of disseminated gonococcal infection (DGI). Although DGI was relatively common in the 1970s, strains of *Neisseria gonorrhoeae* prone to dissemination have been rare in recent decades, with only two cases of DGI reported to Public Health – Seattle & King County (PHSKC) between 1991 and 2005.

The first case of DGI occurring in 2006 involved a man who presented with a septic knee after having sex with multiple partners while in Southeast Asia. Clinicians have subsequently reported 2 additional cases in men and 2 in women. All of the reported cases have required hospitalization and intravenous antibiotics, and 4 underwent surgery. Three of the cases acknowledged using crack cocaine, and one was homeless. Microorganisms were available for antimicrobial susceptibility testing in 3 cases, all of which were resistant to fluoroquinolones.

DGI is a rare complication of gonorrhea. Patients can present with a monoarticular purulent arthritis, or the arthritis-dermatitis syndrome. The arthritis-dermatitis syndrome manifests as an asymmetric, oligoarticular or polyarticular arthritis, arthralgias or tenosynovitis which develops over several days and primarily involves the knees, elbows and distal joints. Approximately 75% of cases have dermatologic manifestations, most frequently discrete papules, pustules or vesicles, sometimes with a hemorrhagic or necrotic component. Most patients do not have concurrent symptoms of genital tract infection. Meningitis, osteomyelitis, septic shock, endocarditis and acute respiratory distress syndrome are rare complications.

Clinicians should consider the diagnosis of DGI in adolescents and adults presenting with new symptoms of arthralgia or arthritis. Evaluation should include culture of the blood, synovial fluid and unroofed skin lesions. Empiric therapy should include intravenous ceftriaxone or an alternative third generation cephalosporin. All cases should be reported immediately by telephone to PHSKC at (206) 731-2275.